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Fax Memo

TO: Mail Stop Appeal Brief-Patents
USPTO

FAX NO.: (571) 273-8300

FROM: Terry W. Kramer
KRAMER & AMADO, P.C.

DATE: February 13, 2006

SUBJECT: U.S. Patent Application
Title: SYSTEM AND METHOD FOR PROVIDING A
MULTIMEDIA SUMMARY OF A VIDEO PROGRAM
Serial No.: 09/747,107
Attorney Docket No.: US 000390

PAGES: INCLUDING COVER PAGE (60)

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- Transmittal Form (1 page)
- Fee Transmittal Form (2 copies, 1 page each)
- Credit Card Payment Form for \$620.00 (2 copies, 1 page each)
- Petition For Extension of Time (1 page)
- Appeal Brief (53 pages)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 59

Application Number 09/747,107

Filing Date 12/21/2000

First Named Inventor Lalitha Agnihotri et al.

Art Unit 2617

Examiner Name Joseph G. Ustaris

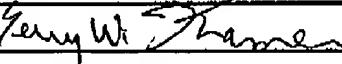
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Attorney Docket Number US 000390

ENCLOSURES (Check all that apply)

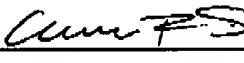
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/>	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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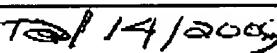
Firm Name	Kramer & Amado, P.C.		
Signature			
Printed name	Terry W. Kramer		
Date	February 14, 2005	Reg. No.	41,541

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name Angelica Rodriguez

Date 

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).

FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

620.00

Complete If Known

Application Number

09/747,107

Filing Date

12/21/2000

First Named Inventor

Lalitha Agnihotri et al.

Examiner Name

Joseph G. Ustaris

Art Unit

2617

Attorney Docket No.

US 000390

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under 37 CFR 1.16 and 1.17

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims Extra Claims Fee (\$)

360

180

- 20 or HP = _____ x _____ = _____

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x _____ = _____

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Late filing surcharge and Appeal Brief

Fee Paid (\$)

620.00

SUBMITTED BY

Signature

Terry W. Kramer

Registration No. 41,541
(Attorney/Agent)

Telephone 703-519-9801

Name (Print/Type)

Date February 14, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-08)

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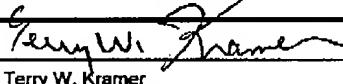
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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/747,107
		Filing Date	12/21/2000
		First Named Inventor	Lalitha Agnihotri et al.
		Examiner Name	Joseph G. Ustaris
		Art Unit	2617
TOTAL AMOUNT OF PAYMENT	(S) 620.00	Attorney Docket No. US 000390	

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0578</u> Deposit Account Name: _____															
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)															
<input type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee											
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input checked="" type="checkbox"/> Credit any overpayments											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.															
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
		FILING FEES		SEARCH FEES		EXAMINATION FEES									
<u>Application Type</u>		<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>								
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Reissue		300	150	500	250	600	300								
Provisional		200	100	0	0	0	0								
2. EXCESS CLAIM FEES															
<u>Fee Description</u> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><u>Fee (\$)</u></td> <td><u>Small Entity Fee (\$)</u></td> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50 25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200 100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360 180</td> </tr> </table>								<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	Each claim over 20 (including Reissues)	50 25	Each independent claim over 3 (including Reissues)	200 100	Multiple dependent claims	360 180
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Each independent claim over 3 (including Reissues)	200 100														
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<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><u>Fee (\$)</u></td> <td><u>Small Entity Fee (\$)</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> </tr> </table>								<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	Multiple Dependent Claims					
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Multiple Dependent Claims															
$\text{HP} = \text{highest number of total claims paid for, if greater than 20.}$															
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> </table>								<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>						
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<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>															
$- 100 = \text{Extra Sheets} / 50 = \text{Number of each additional 50 or fraction thereof} \times \text{Fee ($)} = \text{Fee Paid ($)}$															
4. OTHER FEE(S)															
Non-English Specification, \$130 fee (no small entity discount)															
Other (e.g., late filing surcharge): <u>Late filing surcharge and Appeal Brief</u> <u>620.00</u>															

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 41,541
Name (Print/Type)	Telephone 703-519-9801 Date February 14, 2006		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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